

## **SECTION 3:**

### **ACTIVITIES of the INFECTION PREVENTION and CONTROL PROGRAM**

#### **I. GENERAL.**

A. RESPONSIBILITY: The Executive Committee of the Medical Staff (ECMS) has the responsibility for directing and monitoring the overall infection prevention and control program for the DHCN. Committee membership and responsibilities are described in MEDDAC Reg 15-1, By-Laws. The Chair, ECMS has the overall authority for the program and the HICO have responsibility for the day to day management. Department, directorate, and separate service chiefs have the responsibility to assure compliance with the infection prevention and control policies and procedures by all DHCN personnel.

B. SCOPE OF THE PROGRAM. The major goal of the practice of infection control is to minimize the morbidity, mortality, and the economic burdens associated with infection through prevention and control efforts in well and ill populations. The HICO directs, supports, and improves the practice and management of Infection Prevention and Control. Using epidemiologic principles, the HICO collects and analyzes pertinent data in order to determine risk factors associated with endemic and epidemic infections and to define mechanisms of transmission. The HICO uses epidemiologic data to plan, implement and evaluate infection control strategies in order to minimize risk of infection in patients (inpatients and outpatients), personnel, students, visitors, volunteers, and contractor personnel.

#### **C. IMPORTANT ASPECTS OF THE PROGRAM.**

1. Surveillance.
2. Education.
3. Consultation.

The program encompasses both patient care and occupational health. The specific program activities may vary from year to year as they are based on at least an annual analysis of the organization's demographics; an annual program review including findings from surveillance activities; and continuous monitoring of the scientific literature, practice guidelines, accrediting agency standards, and applicable local, state, and federal regulations. The HICO present identified epidemiologically important issues, establishes objectives, and develops an infection prevention and control plan for presentation to the ECMS. These documents can be found in the ECMS minutes.

#### **II. SPECIFIC.**

A. SURVEILLANCE. Is defined as case finding and documentation and reporting of individualized episodes or outbreaks of infection, utilizing the public health concept of epidemiology.

### **SECTION 3 - ACTIVITIES of the INFECTION PREVENTION and CONTROL PROGRAM, cont.**

1. Objectives of surveillance are to identify opportunities to reduce risk, establish baseline infection rates for specified infections, provide a mechanism to detect increased incidence of infection, to measure effectiveness of control measures, and to quickly identify infections and communicable diseases with high potential for transmission and take appropriate action. This data is communicated to involved personnel in a manner which encourages risk and rate reduction activities at the staff level.

2. The types of surveillance for infections in patients and personnel carried out by the HICO are determined each year in the Infection Prevention and Control Plan. Case-finding procedures, case confirmation and documentation procedures, and procedures for analysis and reporting are included.

3. Criteria used to identify healthcare associated infections (HAI) in patients are those established by the Centers for Disease Control and Prevention and can be found in Appendix A. Each infection will be evaluated to determine if it is:

- a. Healthcare-associated.
- b. An infection or colonization.
- c. Within appropriate antibiotic therapy guidelines (if applicable) .

4. Cultures will not be investigated if there is no prior admission within 30 days (including Same Day Surgery) and/or cultures are dated less than forty-eight hours from admission.

5. If CDC criteria are not met for a specific healthcare associated infection, it will be reviewed by the attending physician for final determination.

6. Daily review of all positive microbiology cultures from inpatients and outpatients in the CHCS Micro Report is conducted by the HICO to identify clusters or outbreaks of infection, the presence of antibiotic resistant organisms, and pathogens that are communicable among hospital patients and personnel and which require isolation precautions to prevent transmission. The daily admissions are also reviewed to identify patients of interest based on their admitting diagnosis.

7. Special studies are done at the direction of the HICO as approved by the ECMS.

8. The HICO notifies Preventive Medicine (PM) of identified communicable disease within the facility. PM is the link to external agencies to assure appropriate reporting, follow-up and control of infections IAW federal, state, and Army regulations.

9. Healthcare-associated infection data will be aggregated and analyzed for causation and trends prior to presentation to the specific committee.

### **SECTION 3 - ACTIVITIES of the INFECTION PREVENTION and CONTROL PROGRAM, cont.**

**B. EDUCATION.** Educational activities are devoted to a triad of needs- staff, patient, and self.

1. Staff education includes basic and continuing education, both formal and informal, to promote employee understanding and adherence to infection control policies and procedures.

a. Annual in-service classes are presented during Mandatory Birth Month Training (BMAR.) All programs include training on bloodborne pathogens and tuberculosis. Department, directorate, and separate service chiefs are responsible for insuring all personnel receive annual training. Documentation of orientation and BMAR is maintained through the Hospital Education and Training data base.

b. Unit-specific in-services on infection prevention and control topics are conducted annually in all clinical areas as well as on an as needed basis.

c. Informal education takes place as the HICO makes rounds or is consulted on a specific patient or practice issue.

2. Patient education consists of explanations regarding isolation procedures and disease transmission when a patient is placed on isolation precautions. Additional educational materials and programs are provided for family members and close contacts of the patient as necessary.

3. Self-education is crucial to develop and maintain expertise in this dynamic field.

### **C. CONSULTATION**

1. The HICO provides consultation on all aspects of infection control to all departments, services, and activities within the DHCN.

2. Examples of consultative activities for the DHCN include:

a. assisting in the development and review of all infection prevention and control policies and procedures,

b. evaluating the effectiveness of infection control measures thorough surveillance of infections,

c. offers recommendations for inpatients placed on isolation precautions and assisting the staff in implementing them;

d. monitoring procedures, practices, and equipment which may be associated with the occurrence of healthcare-associated infections and recommend changes if necessary;

### **SECTION 3 - ACTIVITIES of the INFECTION PREVENTION and CONTROL PROGRAM, cont.**

e. providing direction on necessary precautions required during construction activities,

f. provide input to the occupational health program that is relevant to hospital infection control, to include investigation of personnel outbreaks or exposure to infectious diseases and assisting with product trials and evaluation of items that have infection control implications.

3. Resources permitting, the HICO may provide infection control expertise as requested to other installation personnel and divisions.

#### **D. COMMUNICATION OF INFORMATION**

1. The Infection Control Officer is a member of the following DHCN committees:

a. Infection Prevention Forum (Chair, Recorder) (quarterly)

b. The PSI Team (FMT for Patient Safety and Infection Prevention and Control) (Co-Chair and Recorder)

c. Executive Committee of the Medical Staff (monthly)

d. Nursing Executive (bi-weekly)

e. Environment of Care Functional Management Team (FMT) (monthly)

f. Surgery PI Committee (monthly)

g. Pharmacy and Therapeutics Committee (monthly)

h. Patient Safety (monthly)

i. Material Standardization (monthly)

j. Linen Management (semi-annual)

k. Space Utilization Committee (monthly)

l. Provision of Care Committee (monthly)

m. Emergency Management Planning Committee (monthly)

2. The HICO attends the OB/GYN meetings and the Critical Care committees ad hoc to present infection control data or to discuss pertinent issues. The flow of information to each committee is structured in such a way as to allow a multidisciplinary

### **SECTION 3 - ACTIVITIES of the INFECTION PREVENTION and CONTROL PROGRAM, cont.**

approach to infection control concerns. Ad hoc working groups are called together to provide team approach to problem solving when needed.